Harrisonburg Parks & Recreation

Westover Preschool

Child Registration Form

This form must be completely filled out. **DO NOT LEAVE ANY LINES BLANK.**

Child Information

Child's Full Name _____

What name should we call your child? _____

Address_____

Phone _____

Date of Birth_____

Gender (circle one) male female

Family Information

Father _____ Home Phone_____
Home Address_____ Cell Phone_____
_____
Occupation and Place of Employment_____
_____ Work Phone_____

Mother _____ Home Phone_____
Home Address_____ Cell Phone_____
_____
Occupation and Place of Employment_____
_____ Work Phone_____
Person(s) or Agency having Legal Custody of Child_____

Please list all other siblings and their age_____
_____{ over}

Emergency Information

List any allergies or intolerances to food, medicine, etc. and action to be taken in an emergency_____

_____

_____

Child's Physician_____ Physician Phone_____

List any chronic physical problems & pertinent developmental information_____

_____

List any special accommodations needed_____

General Information

Please list any Schools or Child Day Care Programs and location your child has previously attended (excluding this one) _____

_____

Please list any Schools or Child Day Care Programs and location your child is currently attending (excluding this one) _____

_____

Contacts

Please list the names of people authorized to pick up your child

Monday

Name_____ Phone_____

Name_____ Phone_____

Wednesday

Name_____ Phone_____

Name_____ Phone_____

Friday

Name_____ Phone_____

Name_____ Phone_____

Please list the names and addresses of two local people (with different addresses) to contact if parents cannot be reached.

1. Name _____ Phone_____
   Address_____

2. Name_____ Phone_____
   Address_____

Please list names of people NOT authorized to pick up your child. Appropriate paperwork such as custody papers must be attached if a parent is not allowed to contact or remove the child from preschool.

_____

_____

If this changes I will notify you in writing.

Parent Signature _____

Date _____ {over}

Agreements

1. The school agrees to notify parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. Please initial _____

2. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. Please initial _____

3. The parent/guardian agrees to inform the school within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. Please initial_____

4. The parent/guardian gives permission for the child to participate in the schools transportation and field trips. Yes____ No ____ Please initial _____

5. The parent/guardian has received and understands the policies and procedures contained in the **Parent Manual**. Please initial _____

Signatures

Signature of Parent/Guardian _____
Date _____

Administrator of Preschool _____
Date _____

Office Use Only **Child Identity Verification**

Child's Name _____

Place of Birth _____

Date of Birth _____

Birth Certificate Number _____

Date Issued _____

Other Form of Proof _____

Signature of employee who viewed proof of child's identity
_____ date _____

First Date of Attendance _____

Date Fall Conference Offered _____

Date Spring Conference Offered _____

Last Date of Attendance _____